

COMMONWEALTH OF MASSACHUSETTS
THE BOARD OF CONCILIATION AND ARBITRATION
PETITION FOR MEDIATION AND FACT-FINDING IN PUBLIC EMPLOYMENT

Please Type or Print:

LABOR ORGANIZATION

1. Name _____
Address _____ Phone _____
_____ Zip Code _____

Labor Relations Representative _____
Address _____ Phone _____
_____ Zip Code _____

EMPLOYER

2. Name _____
Address _____ Phone _____
_____ Zip Code _____

Labor Relations Representative _____
Address _____ Phone _____
_____ Zip Code _____

3. Description of Collective Bargaining Unit Involved: _____
_____ # of Employees In Unit _____

Indicate: (a) Contract Expiration Date (b) Date Negotiations Commenced (c) # of Negotiation Sessions To Date (d) Brief Statement of Issue Over Which Impasse Exists:

(a) _____ (b) _____ (c) _____
(d) _____

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If **JOINT** Petition:

Signature & Title of Labor Organization's
Representative

Signature & Title of Employer's
Representative

If Petition Brought by **ONE PARTY:**

I hereby state that I have caused a copy of
this petition to be served on the Representative
of the other party.

Signature & Title of Petitioning Party's
Representative

DATE SIGNED _____

Instructions: Submit the original and one copy of
this petition and a copy of the Collective
Bargaining Agreement to:

Board of Conciliation & Arbitration
399 Washington Street, Fifth Floor
Boston, MA 02108
Fax: (617) 727-4961

DO NOT WRITE IN THIS SPACE

CASE NO: _____

DATE FILED: _____

DATE MEDIATOR APPTED: _____

Revised October 2005